



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9187

SERIAL NUMBER 09/558,077	FILING OR 371(c) DATE 04/25/2000 RULE	CLASS 709	GROUP ART UNIT 2155	ATTORNEY DOCKET NO. P059
APPLICANTS Will Scullin, San Francisco, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 14
				INDEPENDENT CLAIMS 3
ADDRESS 33318				
TITLE MULTIPLE SOURCE PROXY MANAGEMENT SYSTEM				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/558,077	FILING DATE 04/25/2000 RULE -	CLASS 707	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. GEOC.P0016
APPLICANTS Will Scullin, San Francisco, CA ; ** CONTINUING DATA ***** <div style="text-align: right;"><i>fw</i></div> ** FOREIGN APPLICATIONS ***** <div style="text-align: right;"><i>fw</i></div> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>fw</i>		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 14 INDEPENDENT CLAIMS 3
ADDRESS Dag H Johansen 190 Independence Drive Menlo Park ,CA 94025				
TITLE Multiple source proxy management system				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	